

The Effective Use of Consultant Services in Comprehensive Health Planning

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THE LIMITATION of funds for planning and certain inherent advantages of outside assistance invite attention, in selected instances, to the issues connected with the effective use of consultant services. The following review of the pros and cons and general characteristics of consultation applied to comprehensive health planning (CHP) is organized in four parts:

1. A review of the traditional bases for consultation
2. A listing of 11 guiding principles for the areawide CHP agencies designed to enable satisfactory consultant experiences
3. A review of "special-case" consultations, which require additional considerations to promote effectiveness, for example, the use of "free" staff on loan from other organizations
4. Identification of the work program functions that are most amenable to the use of outside specialists for consultations.

Bases for Consultation

Townsend (1) had this to say about consultants:

They waste time, cost money, demoralize and distract your best people, and don't solve problems. They are people who borrow your watch to tell you what time it is and then walk off with it. Don't use them under any circumstances.

Actually, not all consultants are like that. Oftentimes, the employment of appropriate consultants on a short-term basis can prove to be an economical and productive experience. More often than not, the relationship is satisfying for all parties, although it pays to exercise the level of caution recommended by Pennsylvania Insurance Commissioner Denenberg (2):

Don't put blind trust in the experts. If you do, you'll get into serious trouble. This applies to those who use dentists, physicians, lawyers, and all the rest. . . . Remember Harry S. Truman's quotation: "I know that 94 percent of the American people are honest people. I'm after that 6 percent of thieving s.o.b.'s." You have to be careful of experts because a similar minority is at large in all groups.

Again, a measure of overkill helps make the point that consultants, experts, or outsiders of whatever rank and purpose also have limitations and must be managed with care.

The usual bases for employing a consultant relate to the fact that it is often a less expensive way to get a job done than using existing or expanded full-time staff. Also, there are times when specialists or experts with unique experience and knowledge in a certain subject or context of a problem can be employed on a short-term basis to help elicit better results than would accrue from hiring and training additional house staff. In addition, there are occasions when the simple presence of outside perspectives assists in generating new perceptions of old problems and thus aids in the resolution of conflict.

Finally, a consulting group may bring a unique combination of talents to bear on a given problem, a combination that could not be provided within the context of the staff. Areawide CHP agencies have responsibilities for providing leadership, direction, and change management in health system affairs; the areas of health services, manpower, facilities, and even environmental

health are all important dimensions of CHP concern and focus.

The work programs of more than 200 organizations at the regional or areawide level must contain work tasks addressed to the following eight basic functions: health plan development and implementation, studies (involving analysis of health needs or delivery system component effectiveness), public issues involvement, project review, agency management, community relations and mobilization, planning coordination, and data maintenance. The nature of these functions is expressed in a manual produced by the Comprehensive Health Planning Service of the Health Resources Administration, in connection with the current 314 "b" agency assessment process. Competent performance of these required core and support functions is consistent with and part of what we explain as an "arrival" level of performance later in the article.

Each of these functions can involve a considerable variety of discrete work tasks, the nature and sophistication of which can be and invariably are related to local determinations of need and available resources. As the need to evidence solid accomplishments grows, as the complexity of effectively conducting these functions becomes more evident, and as the talent pool of qualified staff to competently produce results diminishes in the face of rising demand, the likelihood of added reliance upon the services of professional consultants increases. Thus, the importance of a set of principles addressed exclusively to the consultative relationship between areawide CHP organizations and health planning consultants is highlighted (3).

Principles for Effective Consultation

Each consultative experience is unique; each contract for the provision of specialized services, therefore, invites individual consideration of variables which could affect the utility of the collaboration. Many common factors apply to most contract relationships, especially for consultations occurring within a discrete field of endeavor such as comprehensive health planning. The reality enables and justifies the drawing of guideline principles for use by CHP agencies to promote satisfactory returns from consultations.

The extensive literature in public health, business administration, and the social work fields on the dynamics which influence the outcome of consultations (4), combined with feedback from the

CHP agencies and case experiences from consultations in different parts of the country on a variety of projects, reaffirmed our confidence in the value of consultations for their worthwhile, cost-effective returns to clients. We have also come to appreciate the hazards and pitfalls of consultations for both the client and consultant. Thus we were encouraged to organize the following set of recommended guidelines for application by areawide CHP agencies which use consultant services. The objective in providing this list is that such relationships be appropriate, effective, economical, and satisfactory and that the local state of the CHP art be furthered to some discernible extent in every instance of consultative collaboration.

Common expectations. Expectations should be jointly developed, expressed in writing, and mutually agreed upon. The traditional contract for services and other legal agreements between the two parties are not satisfactory for this purpose. We recommend that areawide CHP agencies using consultants outline a detailed work program statement. For each contemplated work task involved in the consultation, we recommend a written statement which defines:

1. All agency accomplishments to date which affect the work task
2. The methodology as to how the task will be undertaken
3. A specification of objectives for each task
4. A projection of progress elements or benchmarks containing specific target dates for outcome reporting
5. An expression of the priority level of each task and the percentage of the consultative effort which the task comprises
6. The identity of every individual agency and consultant staff person who will be responsible for or significantly engaged in the performance and outcome of the work elements.

The full definition of expectations in this recommended level of detail is intended to produce better insights for agency leadership and the consultants as to outcome possibilities, clearer understanding of relevant factors which could affect the endeavor, and sharper definitions of purposes in order to promote ongoing and final assessments of the collaboration. The expectations statement also makes possible the realization of the other major principles which follow.

Staff development. The development of in-

house capabilities should be a major objective and thus part of the contract responsibilities. For the areawide CHP agency, there are pyrrhic implications in having projects accomplished by consultant personnel if the agency is unable to follow through, learn, and benefit from the experience—regardless of how much temporal gain accrues to the organization and program. This principle is designed to insure a conscious focus by both parties on structuring a nondependency relationship. In addition to the obvious advantages this provides for the agency over time, it is also in the consultant's interest to insure the transference of expertise and skills to the client personnel. As Gardner (5) has observed: "The relationship cannot be a healthy one if the agency involved is weak, poorly staffed, or disorganized. The evils flowing from that condition will impair the whole relationship."

Primacy of "arrival" elements. In a classic text on bureaucracies, Parkinson (6) wrote: "To travel hopefully is better than to arrive." In many ways, areawide CHP agencies have "traveled hopefully" in the early years of the program's beginnings and experimentations, but the overriding sense of Congress, the Administration, and increasingly important sectors of the affected public and private health-concerned communities is that CHP agencies must soon produce tangible results. The time for arrival has arrived, and hopeful travel is no longer acceptable.

Thus, the term arrival in this context is defined as that level of agency development and performance essential for program effectiveness. We have defined seven arrival elements which should provide a focus for the development period. In addition, the accomplishment of these performance standards can serve as a key measure of the agency's readiness to conduct alternate work tasks without detracting from the core CHP program. These seven arrival elements include the following:

- The agency should be operational. This means that all the principal objectives of the organizational period—agency structure, staffing, council membership, funding, community support, sense of purpose, and objectives—have been satisfactorily met.

- The agency should have, or be in the process of producing, a comprehensive health plan document that contains action recommendations with both geographic and quantitative specifics.

- The agency should have a fully developed and tested review mechanism.

- A well-developed work program, including a demonstrated capacity to monitor and deliver basic CHP functions, should be in existence.

- One or more "common effort" relationships with other functional or multifunctional regional agencies qualifies as an indicator of basic performance because such a linkage enables CHP agencies to assure a greater workload attended by increased impact.

- Two final elements concern staffing and community regard. These are intangible dimensions which cannot be so easily described or measured. Yet, the CHP organization with insufficient, ill-prepared, or poorly organized personnel or an unfavorable image in the community, or both, is an unlikely agent to promote constructive change, provide leadership, or otherwise fulfill public expectations.

The areawide CHP agency should give special attention to its capacity for protecting the arrival performance elements from the distractions of the consultative experience. The special-purpose project efforts of consultants often seem to project more "sex appeal" and dramatic interest than the seven ongoing basic elements of arrival. To avoid this hazard, special attention should be given to how the consultants are expected to relate to and complement each of the arrival elements of the agency; if the collaboration involves only one or no arrival elements, then the attention of the agency staff to arrival elements should be given special reinforcement in order that the basic functions are not neglected.

Planned disengagement. The consultative relationship should be purposefully short term, with both parties committed to a set date to end the collaboration. This principle underlines the previously stated expectation which attributes high importance to the development of in-house capabilities and organizational self-sufficiency. This means that from the beginning it is understood that the relationship will focus on a particular project or problem in such a way that the consultant is able to work himself out of a job by a commonly projected date. Both parties realize that the temptation to resist terminating will occur under normally productive circumstances, that both may find at least temporary security in continuation, and that the consultant especially may enjoy being needed. In foreseeing these hazards,

consultant and client can improve their capacities to resist an unduly long association on a single problem area or work focus which prevents or delays organizational self-sufficiency and tips the cost-benefit ratio to an unprofitable position.

Quarterly renewal option. The performance appraisals of consultant services should be linked with an option-to-renew concept phased at quarterly periods. The areawide CHP agency is encouraged to write 1-year contracts, but to provide for revised work statements every 3 months based upon the quarterly assessment of the consultant experience. Built into this system is the use of an "option to renew" clause, which is intended to provide a face-saving "out" for either party; the option is exercised (renewed) only in the event both parties, particularly the areawide CHP client, are satisfied with the progress of the project and the nature of the interrelationship. To the extent feasible, major work tasks or product delivery dates should be programmed to coincide with the quarterly stages. It is much easier for all involved, particularly the areawide agency, if one of the parties of a so-so relationship can choose not to renew a contract; the alternative has sometimes been to suffer through such a relationship rather than undergo the difficult interpersonal and legalistic tasks of terminating the contract.

Focus on process. The historical emphasis of the planning agency and other health-type clients (hospital board of trustees, for example) on a written report as the end product of the consultant endeavor should be avoided in favor of a process-focused collaboration. The areawide CHP agency will derive more benefit from a close working, give-and-take association than it can obtain from one concluding tome or a series of lengthy, costly, and one-way publications. Such publications do not stimulate the needed level of feedback and reappraisal, consideration, and rethinking of a variety of possibilities otherwise possible from a continuing dialog. Necessary reports, such as regular quarterly status-of-work summaries, should be kept brief and to the point. Money otherwise spent on graphics and reproductions can be better invested in onsite investigations and personal interactions.

Identification of principles. The areawide CHP agency staff should know at the outset the identity and qualifications of the consultant personnel with whom they will be dealing. Instances of "bait-and-switch" have been known to occur,

and the agency planning a linkup with a consultant should insure that the contract specifies the names of consultant personnel who will be assigned to a given task or problem area. Both parties should be willing and anxious to demonstrate to each other their support for continuity, developing confidence, and a proper matchup of talents for a given assignment. An agreed-upon purchase and assignment of consultant personnel whom both client and consultant representatives judge to be best qualified for defined purposes is an early step toward realization of the best possibilities for a helping relationship.

Full disclosure. The parties in the relationship should agree from the outset to provide each other with all pertinent information about project-related interests, commitments, abilities, and motivations relative to the common task. The consultant must not misrepresent his implied or claimed expertise; it is just as important that the client provide the consultant with the "complete agenda" regarding his purposes and plans. Both aspects contribute to the mutual confidence of the parties and enable the depth of understanding required if the pertinent variables and contingencies are to be properly attended.

Value compatibility. The selection of a consultant should be affected in part by an awareness of the consultant firm's commitment to and expressed understanding of a broad set of principles and values concerning the planning process and CHP purposes and possibilities. In other words, this principle suggests that an areawide agency should hire a philosophy as well as a gun; there are dynamics in a close working-planning relationship that can strain a collaboration based only on technical exchanges and professional interactions.

A common attitude between client and consultant toward the concepts of consumer control, the compatibility of planning and review, the primacy of the overall systems plan, and the significance of continuing evaluation, are important variables in a successful CHP consultation even when such dimensions are not part of the contract work program. Basic disagreement on such fundamentals or even grudging assent by the consultant in order to proceed with the job represents a conflict that could easily frustrate the collaboration. This is not to say that the agency and consultants must agree on all or most matters to any degree of specificity or that political or other nonprogram

considerations have any place in the expectations or assumptions about the relationship.

Discretion and unobtrusiveness. The consultant should be anxious to perform his reflective, diagnostic, and suggestive functions in a fashion that helps the agency and its representatives "look good" in meeting their responsibilities. The consultant should obtain his satisfactions in assisting the client agency to realize its organizational objectives relative to the consultative expectations; the consultant does more for the agency by remaining discreetly out of the public spotlight. The client CHP agency and its personnel are accountable to the general public and a host of special constituencies (for example, the State CHP Council and the regional Public Health Service offices of CHP) for the quality of the program and thus are the more appropriate recipients of whatever kudos flow from the joint efforts of consultant and client personnel. The consultant's rewards should be the agency's satisfaction with the firm's services. Only the CHP agency can take compliments to the bank.

A delicate balance. As Townsend (1) suggests, consultants, however well intentioned and capable, always need a certain amount of "care and feeding" in the course of acquiring the necessary background facts and general orientations. While some diversion of areawide CHP staff is appropriate for this purpose, both the consultant and the agency should exercise great care to insure that diversion never "distracts the best people" from their responsibilities. The burden in this case falls on the consultant; he should obtain as much information as possible from persons other than key agency staff and guardedly husband the time spent with such personnel. At the same time, the consultant and the agency should assure that an undesirable amount of the consultant's time is not requested for basic housekeeping or other items outside the scope of the issues to be addressed. Although different conditions will warrant a variety of approaches, the key element in this principle is that both the client and consultant recognize that such a balance is critical to the project's success. The agency, for its part, should be satisfied that the consultant is mindful of this principle of effective consultation.

While these 11 principles are not the only concepts and approaches conducive to a helping relationship, each is quite helpful to the areawide CHP organization. The principles can be used for

assessing the need for consultation and the selection and best use of the consultant firm and its personnel.

Special-Case Consultations

Two types of special-case consultations available to interested CHP agencies warrant additional consideration. The first of these concerns staff on loan from other agencies and the second concerns professional consultation services that may be available on an experimental or "advancement of the state of the art" basis from consulting firms, research centers, or universities for minimal or no charge. While it is often difficult to view special-case consultations as objectively as traditional "fee for service" consultations, it is nevertheless crucial to a satisfactory outcome that they be governed by similar guidelines.

The nature of special-case consultations may vary considerably. One type is exemplified by the assignment of personnel from one agency (for example, a council of governments or a voluntary health and welfare planning agency) to the CHP agency; in this situation, the salary of the staff member is paid by the parent agency, while the CHP agency in concert with the parent agency assigns project priorities. Project direction and supervision is carried out by the CHP agency.

The use of professional firms or personnel from research centers—usually for a single, often technical, task—is another category of special-case consultation. For example, the development of new techniques for estimation of need, the design of information systems, and the application of decision analysis techniques to a facility review are actual cases of such efforts noted within the past year. Project priorities in this category are also jointly determined by the agency and the research group, but project supervision is usually maintained within the research group while both the agency and the research group collaborate on overall assessment and modification of the project.

The preceding guidelines for the use of consultant services are relevant to special-case consultations; particularly significant are the guidelines relating to common expectations, the quarterly renewal option, and the balance between time consumed by the agency staff and benefits derived from the placement or project.

Another type of special-case relationship can become more mutually satisfactory if the preced-

ing principles are selectively applied. Although not a consultative service in the sense noted, the use of student interns does warrant the same level of care and judgment applicable to more customary forms of agency staff extensions. Students are a special kind of investment in the training of future staffs, and some sacrificing and "bending" of CHP agency guidelines are in order. One principle to be applied in every instance is the guideline on developing a statement of mutual expectations for the internship experience. The success of the student's work experience depends on a written agreement by the agency, the student, and the appropriate faculty adviser. Thus all parties can examine the specific options for field placement and can agree on the nature of and specific expectations for the internship. Particular care should also be given to core program elements and to the provision of full opportunities for students to obtain insights and perspective on the "real world" strategies, techniques, and administrative practices that are effective in area-wide comprehensive health planning.

Work Functions for Consultations

We suggest that consultations, as a policy of highest priority, should be focused on assisting the client areawide CHP agency realize an arrival level of performance. Appropriate consultants can provide an array of varied and complex specialized planning services, but diminishing returns will accompany the CHP endeavor if it is not focused on key arrival elements. The same point of view applies to the various special-case consultations, although it can be relaxed somewhat after an arrival level of performance has been attained.

Of all the functions and arrival criteria, the tasks of plan development and project reviews seem most amenable to the use of expert consultation, as well as a likely focus for participation by staffs of other agencies, research groups, and students. This judgment is based on the complexity of the endeavors and the extraordinary design and startup demands which each function requires before it becomes a manageable part of the agency's continuing operations. However, all the remaining functions and arrival elements, other than community regard, are potential areas for professional consultation, depending primarily on local conditions and preferences. Consultations on work-program issues not germane to the major functions or the identified arrival elements are

inappropriate if the agency has not reached a post-arrival stage (7).

Conclusion

We have reviewed the bases for using expert consultation services within the framework of CHP, proposed a set of 11 principles for promoting effective consultative experiences, identified instances of and expectations for special-case consultations, and noted those CHP functions and elements wherein consultation can be most rewarding. An after-the-fact test or measure of the consultative experience might be: Do both parties feel that the overall goals of the collaborative endeavor have been realized? Have they both learned from the effort? And, is the undertaking likely to promote the realization of something worthwhile in the community?

We believe adherence to the suggested principles increases the odds on affirmative responses to these very basic assessment questions. These questions may be formally addressed in a post-consultation review session approximately 6 months after completion of the project. At this session, the agency staff and the consultant should review progress to date; identify areas where agency implementation of recommendations stemming from the consultative experience has been difficult to achieve or has fallen behind schedule; discuss special problems; and jointly evaluate both positive and negative aspects of the consultative experience.

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